Health and Wellness

Business Plan 1999-2000 to 2001-02 - *restated*

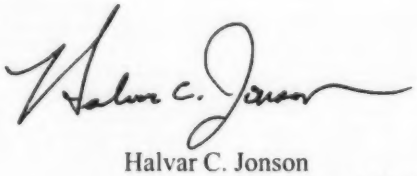
Accountability Statement

As a result of government re-organization announced on May 25, 1999, the Ministry Business Plans included in Budget '99 have been restated to reflect the new Ministry organizations as at November 17, 1999.

The restated Business Plan for the Ministry of Health and Wellness for the three years commencing April 1, 1999, was prepared in accordance with the Government Accountability Act and the government's accounting policies. All of the government's policy decisions as at February 23, 1999, with material economic or fiscal implications have been considered.

The Ministry's priorities outlined in the Business Plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this Business Plan.

For information, the restated Business Plan includes 1999-2000 Second Quarter forecast information that reflects developments that have occurred during the 1999-2000 fiscal year.



Halvar C. Jonson
Minister of Health and Wellness
November 17, 1999

Introduction

The Ministry of Health and Wellness is pleased to present our restated Business Plan for the three year period ending March 31, 2002. Business planning is a key management and leadership activity of the Ministry, both within the context of government as well as the health system in the province of Alberta.

As a consequence of government reorganization, the Ministry of Health and Wellness was established effective April 1, 1999 and now comprises the Department of Health and Wellness and three provincial agencies:

Alberta Alcohol & Drug Abuse Commission
Persons with Developmental Disabilities Provincial Board
Premier's Council on the Status of Persons with Disabilities

The mandate of each of these agencies is defined on page 154. These agencies report to the Minister of Health and Wellness and prepare their own Business Plans, but within the context of the Ministry's Business Plan. The financial information has been consolidated.

The Ministry's four core businesses encompass in a general way the activities of the three provincial agencies, but the goals and strategies in this plan are specific to the department of Health and Wellness in this transition year. The goals and strategies for each of the provincial agencies are found in the Business Plans of those agencies.

The change in the name of the Ministry underscores a renewed emphasis or focus on optimizing the health of the population through promotion, prevention and protection, and enhanced supports, so as to bring about or sustain a state of wellness for every Albertan.

Our year-end Annual Report will report the progress we will have made on the commitments contained in the Business Plan.

Vision

The Government of Alberta's vision for the province is ***"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children"***. This broader vision is reflected in Alberta Health and Wellness's vision for health: ***"Healthy Albertans living in a healthy Alberta".***

The Government of Alberta's vision encompasses three characteristics:

- Albertans who are sick have access to quality health care services.
- Individual health and the health of all Albertans is actively promoted and protected.
- Healthy social, economic and physical environments exist and contribute to improved health.

The Alberta health system is publicly administered with most services (acute care, home care, residential long-term care, public health, mental health and community health programs) delivered through seventeen regional health authorities, the Alberta Cancer Board and the Alberta Mental Health Board. Funding for medical services and allied health services is provided on a fee-for-service basis through the Alberta Health Care Insurance Plan operated by the Ministry of Health and Wellness. The Ministry funds a provincial air ambulance program and the Alberta Aids to Daily Living Program. It also contracts with Alberta Blue Cross to provide a drug plan and other benefits for seniors and subsidized premiums for individuals who do not have access to group plans.

Key Characteristics of the Health System of the Future

System characteristics

- Alberta will continue to be part of a publicly administered health system that guarantees universal access to medically necessary hospital and medical services without user fees or extra billing.
- The Alberta health system will continue to provide benefits in excess of *Canada Health Act* requirements.
- Incremental introduction of better approaches to health care will occur as evidence demonstrates their outcomes.

Accountability

- All components of the health system will have clear responsibilities and be accountable for the results they achieve.
- Expectations for health services, population health, governance and management will be in place province-wide and Albertans will receive regular information on whether those expectations are being met.

Health Authorities

- Regional health authorities will plan and deliver health services based on evidence of needs, with input from residents and community health councils and directions from the Minister of Health and Wellness.
- Services will be provided, when appropriate, in homes and communities, not just in hospitals.

- Health services will be integrated with better linkages between hospital care, home care, community services, mental health services, long-term facility based services, rehabilitation services and public health.
- Regional health authorities will work with other organizations in their communities to address social, economic and environmental issues which affect health.

Funding
- Funding will be provided in a way that is predictable, equitable and affordable.

Health Workforce
- Leadership will be provided to make the best use of the collective skills and expertise of the health workforce.
- A variety of methods for paying health providers will be in place.
- The supply of health professionals, especially in rural areas, will continue to be addressed to meet communities' needs.
- New technology in communications will bring more specialized skills to rural communities through Telehealth programs.

Better Information for Better Health
- There will be regular and understandable information available to Albertans about the health of Albertans and the performance of the health system.
- Better information and ongoing evaluation of programs and services will lead to ongoing improvements in health.
- Research, technology and telecommunications will be used to improve information and develop new programs and treatments.

Promoting and Protecting Health
- There will be continued emphasis on monitoring health status, promoting and protecting health, controlling disease and preventing injury.

Strategic Directions for the Health System

The Ministry performs a key leadership role by setting strategic directions for the health system. These directions are to:

1. Protect health, prevent disease and injury, promote the well-being of Albertans and ensure access to quality health services.
2. Monitor the health status of the population and address health issues through policy, service delivery and coordination with other sectors.
3. Continually improve health and the health system through pursuit and integration of knowledge, research, information and new technology.
4. Develop standards and measures based on best evidence available which leads to better health outcomes.
5. Develop a system which is more responsive to the health needs of Albertans.

6. Improve communications among Alberta Health and Wellness, health authorities, other providers and Albertans.
7. Continue to make refinements to achieve an increasingly stable and integrated health system.
8. Get the best value from public dollars through good governance, effective and efficient management and incentives that promote positive outcomes.
9. Make optimal use of the collective skills and expertise of the health workforce.
10. Improve accountability throughout the system.

Key Challenges

Through its leadership role, the Ministry identifies challenges which must be addressed to optimize the health of Albertans and the performance of the health system. Advances are promoted by the Ministry's commitment to innovation and continuous improvement. Health is not the exclusive responsibility of any one organization, level of government or ministry. The input and collaboration of numerous stakeholder groups is crucial to maintain and improve health. Priority challenges identified through stakeholder consultations, and the analysis of relevant information include:

➢ **Ensuring Albertans get the care they need:**
- Making certain that health services are available when needed, with continuing attention paid to those health services of a life saving nature
- Addressing issues related to intra- and inter-regional referrals and access to selected services
- Addressing issues arising from the shift to community-based services
- Ensuring the availability and optimal use of the health workforce

➢ **Preparing for the future:**
- Refining the funding system
- Preparing the system for the impact of an aging population
- Ensuring ongoing innovation and integration of new knowledge

➢ **Improving accountability and results:**
- Determining and communicating clear expectations
- Ensuring community input into decision making
- Aligning physician incentives with patient and health system needs
- Having and using evidence-based information

➢ **Focusing on long-term health gains:**
- Addressing issues related to children's health
- Influencing major economic, social and environmental factors that impact health
- Addressing major health problems that are preventable

Major Initiatives

Strategic investment in the base funding of the health system will continue to ensure that priorities are addressed and long-term sustainability is achieved. Major initiatives which respond to the key challenges include:

- Additional funding for capital equipment and for front-line staffing to address pressures such as emergency care, long-term care, and home care
- Introduction of strategies to address the health needs of an aging population including drugs for short-term acute care clients outside hospitals and the availability of health services to lodge residents
- Increased capacity for delivery of complex, highly specialized, province-wide services such as bone marrow and organ transplants
- Enhanced delivery of mental health services through community and facility based programs
- Additional funding for the two academic health sciences centres
- Development and implementation of provincial health workforce planning
- Continued refinement of the population-based funding allocation
- Establishment of an Innovation Fund to encourage innovative and effective practices
- Continued implementation of **alberta wellnet** to provide better information for better decisions
- Improvement in services for children identified in the *Alberta Children's Initiative: An Agenda for Joint Action*

The Ministry of Health and Wellness's Mission and Core Businesses

One of the Core Businesses of the Government of Alberta is *PEOPLE,* a component of which is: ***"A healthy society and accessible health care".*** One of the related goals is ***"Albertans will be healthy".*** Inter-departmental collaboration is key to the achievement of this goal. The Ministry of Health and Wellness works with many other departments to address issues which influence health and health service delivery. The Ministry of Health and Wellness responds to health related priorities identified through initiatives such as the Health Summit and the Growth Summit. Details regarding the Ministry's response to the Growth Summit Final Report are provided in Appendix I.

The mission of the Ministry of Health and Wellness is to ***"improve the health of Albertans and the quality of the health system".***

We work to achieve that mission by concentrating on four core businesses:

Core Business 1: **Set Direction, Policy and Provincial Standards**
Core Business 2: **Allocate Resources**
Core Business 3: **Ensure Delivery of Quality Health Services**
Core Business 4: **Measure and Report on Performance Across the Health System**

Goals and Strategies

Ministry goals and strategies for each of the four core businesses are outlined in the tables that follow.

Core Business 1: Set Direction, Policy and Provincial Standards

Albertans expect high standards for Alberta's health system. Through its overall leadership role, the Ministry of Health and Wellness is responsible for developing policy and standards that contribute to improvements in health and health services for Albertans. The Ministry is also responsible for clarifying standards to ensure consistency across Alberta. Strategic direction is provided to health authorities by setting requirements for health authority business plans.

Goals	Strategies
1.1 Clear directions, policies and measurable expectations are in place. ***What Albertans can Expect*** ◆ *Consistent high standards for health services* ◆ *A clear understanding of who is responsible and for what* ◆ *A clear direction to address the health needs of an aging population*	1.1.1 Develop and implement a strategy to improve health system planning in consultation with health authorities and others 1.1.2 Develop a plan and strategic approach to setting expectations and performance measurement 1.1.3 Assess the impact of aging on the health system and contribute to the government-wide review 1.1.4 Contribute to the redevelopment of the *Government of Alberta Strategic Business Plan for Seniors* 1.1.5 Review long-term care services including home care, long-term care facility services and new models of care 1.1.6 Evaluate policies pertaining to premiums and fees for health services 1.1.7 Develop a framework for alignment of physician services with a regionalized approach to health service delivery 1.1.8 Finalize health information protection legislation 1.1.9 Implement the new *Health Professions Act* and develop the Restricted Activities Regulation 1.1.10 Update and continue to implement the regulatory reform plan 1.1.11 Evaluate existing policy regarding provision of community rehabilitation and related services 1.1.12 Develop an accountability framework which clearly defines the roles and responsibilities of Alberta Aids to Daily Living (AADL) vendors and suppliers 1.1.13 Provide expert direction and standards for communicable disease control and selected non communicable diseases, immunization, laboratory services and environmental health 1.1.14 Support the development of government's policy on the delivery of surgical services

Goals	Strategies
1.2 Provincial strategies are in place to protect health, prevent disease and injury, and promote the well-being of Albertans. ***What Albertans can Expect*** ◆ *Actions to protect and promote good health* ◆ *Inter-sectoral actions to address children's health needs* ◆ *A strong and responsive public health system* ◆ *Better information to promote health and prevent disease and injury*	1.2.1 Participate in the implementation of the *Alberta Children's Initiative* through inter-sectoral actions including mental health services for children, Fetal Alcohol Syndrome/Fetal Alcohol Effect, special health needs in schools, prevention of child prostitution, other projects which support healthy birth outcomes and optimal early child development as well as healthy child and youth development 1.2.2 Address aboriginal health issues in co-operation with the federal government, other ministries, health authorities and aboriginal communities and contribute to the identification of government's key principles for aboriginal policy 1.2.3 Collaborate with other government departments and stakeholders on strategies supporting the principles of sustainable resource and environmental management 1.2.4 Enhance, implement, evaluate and disseminate the results of health promotion and disease and injury prevention projects

Core Business 2: Allocate Resources

A key role of the Ministry of Health and Wellness is to determine the scope of financial, capital and human resources required to support the health system to address Albertans' health needs on an ongoing and sustainable basis. The Ministry of Health and Wellness also is responsible for setting priorities and allocating resources in a manner that is fair, equitable and reflects health needs in different parts of the province.

Goals	Strategies
2.1 The health system has a stable base of adequate, predictable needs-based funding that is allocated fairly and promotes efficiency and effectiveness. ***What Albertans can Expect*** ◆ *Better decisions about funding programs and preparing for future health needs* ◆ *Consistent and predictable funding for health services* ◆ *Increased support for complex, highly-specialized services* ◆ *Pilot projects on different ways of delivering and paying for medical services*	2.1.1 Forecast health needs and resource requirements 2.1.2 Further develop the province-wide services funding system for highly specialized and complex services, including improved activity monitoring and accountability 2.1.3 Refine the population-based funding formula for health authorities 2.1.4 Develop and implement methodologies for consistent costing of regional health authority services 2.1.5 Implement the new master agreement in co-operation with the Alberta Medical

Goals	Strategies
	Association, to promote effective care and provide predictable and equitable funding 2.1.6 Contribute to funding for academic health sciences centres 2.1.7 Develop options for paying health professionals that encourage ongoing improvements in health and the performance of the health system 2.1.8 Conduct economic evaluations of selected issues, services, and practices
2.2 The health system makes optimal use of the workforce. ***What Albertans can Expect*** ◆ *Appropriate supply and distribution of a well-trained workforce*	2.2.1 Develop and implement health workforce planning for Alberta, which supports the goals of *People and Prosperity*, in consultation with health authorities and others 2.2.2 Implement Alberta Health and Wellness's human resource plan in support of the government-wide *Corporate Human Resource Development Strategy*

Core Business 3: Ensure Delivery of Quality Health Services

The responsibility for service delivery rests primarily with health authorities and individual practitioners. The Ministry addresses issues raised by the public, stakeholder organizations and issues identified through systematic monitoring. Continuous improvement and innovation are promoted to ensure the delivery of health services which meet high standards, achieve positive health outcomes, and address the needs of Albertans. The Ministry also works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. Registration of Albertans for health care insurance and operation of the payment system for fee-for-service practitioners, aids to daily living suppliers, ambulance operators and other services are administered by the Ministry.

Goals	Strategies
3.1 Health services are accessible, appropriate and well managed to achieve the best value. ***What Albertans can Expect*** ◆ *Access to quality health services* ◆ *A well-managed system that reflects timely and quality services based on best practices from around the world* ◆ *Enhanced mental health services* ◆ *Improved co-ordination and enhancement of cervical and breast cancer screening* ◆ *Enhanced tissue and organ donation and distribution* ◆ *More front-line staff working in acute, long-term, community and home care*	3.1.1 Enhance access to front-line services by increasing staff levels 3.1.2 Enhance support for drugs for short-term acute care clients in the home 3.1.3 Enhance initiatives to attract and keep physicians in rural Alberta in collaboration with health authorities and health providers 3.1.4 Ensure that best practices in governance and management are incorporated by working with health authorities and health providers 3.1.5 Enhance mental health services, including community-based mental health services, in consultation with health authorities, health providers, government departments and others

Goals	Strategies
	3.1.6 Enhance services for lodge residents in collaboration with health authorities, Community Development and lodge providers. 3.1.7 Improve coordination and enhance cervical cancer screening 3.1.8 Improve coordination and enhance breast cancer screening 3.1.9 Enhance organ and tissue donation and distribution 3.1.10 Pilot test the timely registration of newborns to improve delivery of metabolic screening 3.1.11 Develop and implement a methodology for management of capital infrastructure 3.1.12 Direct drug benefit programs, and work with stakeholders to ensure access, appropriate prescribing, and cost effective use of drugs 3.1.13 Redesign Health and Wellness Customer Services and Registration policies and procedures to improve the level of service provided to clients and streamline administration 3.1.14 Participate in the government-wide initiative *Coordination of Shared Services* 3.1.15 Participate in the implementation of the government-wide *Capital Planning Initiative* in 1999-2000
3.2 Albertans are well-informed and able to make decisions about their health and health services. ***What Albertans can Expect*** ◆ *More and better information available regarding health and health services*	3.2.1 Work with health authorities and others to enhance Albertans' access to information on their health, effective health enhancing measures and health services
3.3 Ongoing innovation occurs in the health system. ***What Albertans can Expect*** ◆ *New and innovative pilot projects in service delivery*	3.3.1 Encourage innovation, evaluation and adoption of demonstrated improvements in service delivery 3.3.2 Work with health authorities and health providers to expand Telehealth and Telepsychiatry 3.3.3 Pilot test and evaluate primary health care models in collaboration with health authorities and other health providers

Core Business 4: Measure and Report on Performance Across the Health System

The measurement of results requires development of measures, collection, analysis of information and reporting of results. Analysis of the information collected and sharing of that analysis across the system supports continuous improvement in health outcomes and health system performance. Regular public reports are produced by the Ministry and Health Authorities.

Goals	Strategies
4.1 Timely, comparable and comprehensive information is available for patient care, management and research. ***What Albertans can Expect*** ◆ *A province-wide health information network linking health providers, hospitals, pharmacies, clinics, health organizations and the Ministry of Health and Wellness* ◆ *Pharmacy network as a basis for better patient care and management of pharmaceutical utilization and costs*	4.1.1 Identify information needs and define reporting requirements including standards for minimum data elements 4.1.2 Phase in implementation of **alberta *wel*net**, a province-wide information network linking health providers, hospitals, pharmacies, clinics and other health organizations and the Ministry of Health and Wellness 4.1.3 Support research relevant to health, health policy, service delivery and management of the health system 4.1.4 Use information management and technology to improve the Ministry of Health and Wellness's capacity to carry out its core businesses
4.2 The performance of the health system and indicators of the health of Albertans are measured, evaluated and reported regularly to Albertans. ***What Albertans can Expect*** ◆ *Regular reports on the performance of Alberta's health system and the health of Albertans* ◆ *Ongoing evaluation of services and practices in the Alberta health system* ◆ *Studies of how health services are used and identification of opportunities for improvement*	4.2.1 Define, collect, analyze and share information and reports about the health of Albertans; trends in selected diseases, injuries, disabilities; public health interventions; health system utilization and performance 4.2.2 Collect information related to performance measures and benchmarks 4.2.3 Develop monitoring tools and reporting processes to support accountability and continuous improvement 4.2.4 Conduct health service utilization studies to support continuous improvement by working with health authorities, health professionals and academics

Measuring Performance

Alberta Health and Wellness collects a wide range of information about the health of Albertans and the health system. From this information, a number of key performance measures and key indicators have been selected and will be reported on regularly to Albertans. The following set of measures was selected based on the following:

- consistency with directions set for the health system
- focus on areas needing improvement
- focus on public concerns
- a mix of short and longer-term measures
- availability of data
- national or international measures
- technical merit including validity and reliability of the measures
- possibility of setting a numerical (or a directional) target for the measure

Key performance measures include specific targets with dates by which the targets are expected to be achieved. This set of measures can be used to judge the performance of the health system and to assess progress in achieving the goals of this business plan. Also included are a number of key indicators, listed after the key performance measures. These are measures of important areas of health system activity and performance which do not have targets. They will be reported on in the Ministry Annual Report.

For this business plan the measures have been divided into three categories:

- ➢ those that measure quality and answer questions such as "how do Albertans rate the quality of care they receive?" and "are appropriate health services being provided?"
- ➢ those that measure access and answer questions such as "do Albertans get access to services they need when they need them?"
- ➢ those that measure health outcomes and answer questions such as "how healthy are we?" or "are we making progress in preventing illness and injury?"

Performance measures for the agencies are stated in the section describing the mission and businesses of those agencies.

Health Service Quality – Is the Health System Providing Quality Services to Albertans?			
	Target Performance	**Current Performance**	**Previous**
1. Albertans' ratings of the quality of care they received Albertans' ratings of the quality of care they received is an important measure of the overall quality of Alberta's health system. The measure is the percent of respondents who rate the quality of care they received as excellent or good.	(2000): 90%	(1998): 86%	(1997): 86%
2. Albertans' ratings of quality of care received in hospital Albertans' views of the quality of care they received in hospital is an important component of the overall quality of the health system. The measure is the percent who rate the care received in a hospital as excellent or good.	(2000): 85%	(1998): 81%	Not available
3. Albertans' ratings of the effect of care on their health Albertans' views about the effects of health care services on their health is an important measure of health service outcomes. The measure is the percent rating the effect of care as excellent or good.	(1999): 85%	(1998): 84%	(1997): 83%
4. Breast cancer screening rates Mammograms are recommended for women over the age of 50. The measure is the percent of women over 50 who report receiving mammograms every two years.	(1999): 75%	(1996-97): 72%	(1994-95): 62%
5. Cervical cancer screening rates The PAP test is an excellent screening test for pre-cancerous conditions. The measure is the percent of women (age 15 and older) who report having a PAP test in the previous 3 years.	(2000): 90%	(1996-97): 84%	(1994-95): 79%
6. Percent expenditure on community and home-based services The percent of regional health authority expenditure on community and home-based services is one indicator of whether these services are increasing as planned.	(1999): increasing trend	(1997-98): 5.4%	(1996-97): 5.2%

Health Access – Are Services Available When People Need Them?			
	Target Performance	**Current Performance**	**Previous**
7. Albertans' ratings of access to health services This measure reflects Albertans' views about how easy or difficult it is to get the health services they need when they need them. The measure is the percent of respondents who rate access to health services as easy or very easy.	(2000): 75% (2002): 80%	(1998): 73%	(1997): 74%
8. Albertans' self-rated knowledge of health services Knowledge of which health services are available is an important factor in ensuring that Albertans can get access to appropriate care when they need it. The measure is the percent rating their own knowledge as excellent or good.	(2000): 75%	(1998): 70%	(1997): 70%
9. Percentage of Albertans reporting failure to receive needed care This measure reports on (1) the percent of Albertans who report being unable to receive needed care, and (2) the percent who report never receiving that care.	(1) (2000): 7% (2002): 5% (2) (2000): 1%	(1998): 8% (1998): 2%	(1997): 7% (1997): 2%
10. Percent of general practitioner services obtained within Albertans' home region This measure shows the extent to which Albertans obtain primary health services from a general practitioner in the region where they live.	(2000): > 95% for Capital and Calgary; >85% for all other regions.	(1997-98): 96% 83%	(1996-97): 96% 83%
11. Length of stay in emergency after hospital admission This measure tracks how long Albertans admitted to hospital through emergency are kept waiting for a hospital bed.	(2001): decreasing trend	Current information under development	Not available

Health Outcomes - How Healthy Are We?			
	Target Performance	**Current Performance**	**Previous**
12. Life expectancy at birth (in years) Life expectancy at birth is an internationally recognized indicator of the general health of the population.	(2000): 77 years (M) 83 years (F)	(1996): 76.0 years (M) 81.3 years (F)	(1995): 75.8 years (M) 81.5 years (F)
13. Albertans' self-reported rating of their own health This measure reports how Albertans describe their own health. It is a general indicator of the health of the population. The measure is the percent who rate their own health as excellent or very good (ages 18-64), or excellent, very good, or good (age 65 and older).	(2000): 70% (ages 18-64) (2000): 75% (ages 65 and older)	(1998): 67% (ages 18-64) (1998): 71% (ages 65 and older)	(1997): 65% (ages 18-64) (1997): 75% (ages 65 and older)
14. Percent of low birth weight newborn babies Low birth weight (< 2500 gms) is often associated with life long health problems. A low percentage of low birth weight newborns indicates good prenatal care provided by the health system and by expectant mothers and their families.	(1998): 6.0% (2002): 5.5% of live births	(1997): 6.2%	(1996): 6.1%
15. Provincial rate of injury deaths including suicide This measure tracks the age standardized death rates (per 100,000) for injuries and suicide. These are major causes of premature deaths in Alberta.	(1999): injury 45 suicide 15	(1996): injury 52 suicide 17	(1994): injury 54 suicide 16
16. Rates for selected communicable diseases Low incidence rates (per 100,000 population) for these diseases measure our success in communicable disease control.	(2000): E.Coli Colitis: (117 cases) 4.0 Pertussis: (527 cases)18.0 Tuberculosis: (132 cases) 4.5	(1997): (189 cases) 6.8 (769 cases) 27.6 (166 cases) 5.9	(1996): (158 cases) 5.8 (1130 cases) 41.2 (140 cases) 5.1

Health Outcomes - How Healthy Are We?			
	Target Performance	**Current Performance**	**Previous**
17. Childhood immunization coverage This measure reports the percentage of two year olds who have been appropriately immunized to prevent several serious childhood diseases.	(2002): 97%	(1996): 80%	Not available using new standard
18. Number of deaths due to cervical cancer Deaths from cervical cancer can potentially be eliminated through effective use of PAP tests every three years for all Alberta women over the age of 15.	(2002): 15 deaths (< 1 per 100,000)	(1997): 36 deaths (2.6 / 100,000)	(1996): 37 deaths (2.7 / 100,000)
19. Percent of Albertans who do not smoke Smoking is known to affect health. This measure shows the proportion of Albertans (age 12 and older) who report that they do not smoke.	(1998): 75%	(1996-97): 72%	(1994-95): 72%

Key Indicators

Key indicators are measures of important areas of health system activity which are critical to monitor, assess, and report on, but which do not have targets. Key indicators will be reported along with performance measures in the Ministry Annual Report.

1. Volume and rates for cardiac surgery related to population

This indicator will show whether Alberta's volumes and rates of cardiac surgery are high, low or about the same compared with other provinces and countries. This indicator will help evaluate cardiac surgery needs and the appropriateness of services provided in Alberta.

2. Cardiac surgery wait list

This indicator reports on waiting lists for cardiac surgery, comparing the number of persons waiting with the number of surgeries performed. This indicator will show whether referrals are exceeding system capacity.

3. Rate of unplanned re-admission to acute care hospital

This indicator will track the percent of persons discharged from acute care hospitals who are unexpectedly re-admitted to an acute care hospital within 28 days of discharge. This measure is an indicator of trends in the quality of care provided.

4. **Utilization rates for selected surgeries and procedures**

   This measure tracks regional variation in utilization rates for these surgeries: tonsillectomy, gall bladder removal, caesarean section, hysterectomy (for non-cancerous diagnoses). The aim is to achieve a smaller range of utilization rates among regions.

5. **Surgical wound infection rates**

   This measure will report on infections which occur in hospital after selected surgeries: coronary artery bypass, hip or knee replacement, large intestine excision. This measure is an indicator of quality.

6. **Hospitalization for ambulatory care sensitive conditions**

   This measure will track regional variation in the extent to which hospital care is provided for certain long-term health conditions such as asthma, diabetes, hypertension, drug/alcohol dependence, neurosis, and depression. These are health conditions which can often be managed successfully in the community without the need for hospitalization. The aim is to achieve a smaller range of hospitalization rates among regions.

7. **Acute care hospital separations per 1,000 population**

   This indicator will show the general level of acute care hospital utilization in Alberta.

8. **Short-term, long-term and palliative home care clients per 1,000 population**

   This indicator will show the level of health service delivery provided to Albertans for short-term, long-term and palliative health needs in their own homes.

9. **Waiting for placement in long-term care facility**

   This indicator will track the number of Albertans who are waiting for placement in a long-term care facility following appropriate assessment of needs.

10. **Health authority expenditure on information technology and information management**

    The development and improvement of information systems will support health system efficiency and effectiveness.

11. **Health providers' ratings of health service integration**

    A proposed survey of physicians, registered nurses, and licensed practical nurses employed in the Alberta health system to obtain their views of teamwork, participation and communication.

12. **Stakeholder evaluation of Department of Health and Wellness**

    A proposed survey of major health system stakeholders to obtain their views on the quality of services provided by the department.

Provincial Agencies

In support of and complementary to the vision and goals of the Ministry of Health and Wellness, the following agencies carry out their Mission and conduct their businesses. The internal business plans of these agencies contain more detailed information about their strategies, activities and finances, and can be directly obtained from their offices.

Alberta Alcohol & Drug Abuse Commission

Mission - *assists Albertans in achieving freedom from abuse of alcohol, other drugs and gambling*

Businesses -

(a) Provision of a range of alcohol, other drug and gambling problem **treatment** services including:
- Community outpatient counselling and day treatment
- Residential treatment
- Crisis and detoxification
- Specialized treatment (youth, women, Aboriginal Peoples, business and industry, opiate dependency and cocaine.)

(b) Provision of a range of alcohol, other drug and gambling problem **prevention** services including:
- Community-based prevention and education programs
- Early intervention

(c) Provision of accurate and current **information** on issues, trends and research regarding alcohol, other drugs and gambling problems.

Performance Measures -

(a) Client access - ensure reasonable access to local, regional and provincial services. (Target: maintain level of clients reporting *"no difficulty in gaining access to treatment services"* at or above 91%)

(b) service effectiveness - ensure that services facilitate clients' success in achieving their goals. (Target: maintain level of clients reporting *"abstinent or improved"* after treatment at or above 94%)

Persons with Developmental Disabilities (PDD) Provincial Board

Mission - *to lead the creation of an Alberta that includes adults with developmental disabilities in community life*

Businesses -

(a) Ensure that adults with developmental disabilities have opportunities to be fully included in community life.

(b) Ensure that services provided under the PDD Board structure are based on equitable funding and access to resources.

(c) Support the ability of communities to include adults with developmental disabilities.

Performance Measures -

(a) % of persons with developmental disabilities experiencing an enhanced quality of life.
Target (2003): 85%

(b) % of persons with developmental disabilities satisfied with their role in planning and their access to information. Target (2001/02): above 85%

Premier's Council on the Status of Persons with Disabilities

Mission - *to champion significant improvements in the status of Albertans with disabilities*

Businesses -

(a) Policy Development
- Developing strategic umbrella policies regarding the status of persons with disabilities, contributing to the development of public sector legislation, policies, outcomes and targets pertaining to the needs of persons with disabilities, reporting progress towards outcomes and facilitating coordination of related programs and services

(b) Advocacy
- Informing and influencing key decision makers on issues of interest and concern to all persons with disabilities
- Pro-active public education and social marketing to increase awareness and understanding of disability issues
- Addressing and reducing systemic barriers that impede rights and opportunities of Albertans with disabilities

(c) Evaluation
- Developing standards for and monitoring performance of the support system for Albertans with disabilities and recommending systemic improvement.

Performance Measures -

(a) % of stakeholders who rate their familiarity with the Council and its work as 'high' or 'very high'.
Target: establish in 1999/2000 and improve by 10% in 2000/2001

HEALTH AND WELLNESS MINISTRY INCOME STATEMENT (thousands of dollars)	Comparable 1998-99 Actual	Restated 1999-2000 Budget	1999-2000 Forecast	Restated 2000-01 Target	Restated 2001-02 Target
REVENUE					
Internal Government Transfers	20,414	57,570	59,032	64,323	69,707
Transfers from Government of Canada:					
Canada Health and Social Transfer	484,819	540,088	435,509	528,869	527,641
Canada Health and Social Transfer - Health Supplement	-	192,144	192,144	194,068	245,516
Other	13,658	11,670	18,824	10,990	11,030
Premiums, Fees and Licences	702,650	711,943	718,928	724,938	738,091
Other Revenue	49,221	48,835	50,337	52,874	57,328
MINISTRY REVENUE	1,270,762	1,562,250	1,474,774	1,576,062	1,649,313
EXPENSE					
Program					
Regional Health Authorities and Health Boards	2,604,637	2,826,684	2,826,684	2,970,450	3,123,769
Province-Wide Services	231,090	257,188	257,188	286,902	315,592
Medical Services and Alternative Payments	871,325	914,026	914,026	957,040	974,606
Rural Physician Initiatives	9,157	13,200	13,200	15,400	15,400
Blue Cross Benefit Program	216,461	245,282	245,282	269,094	295,287
Other Programs	365,492	358,137	423,851	385,892	463,247
Extended Health Benefits	19,726	19,194	19,194	20,154	21,161
Allied Health Services	52,071	51,081	51,081	53,635	56,317
Premier's Council on the Status of Persons with Disabilities	532	669	669	680	690
Services to Persons with Developmental Disabilities	268,228	284,735	294,735	301,503	315,699
Preventing and Treating Addictions	33,561	32,853	34,552	33,646	34,065
Ministry Support Services	73,141	77,644	77,844	79,497	78,580
Systems Development	17,388	24,589	24,589	24,023	24,039
Advanced Medical Equipment	7,266	7,300	17,300	7,300	7,300
Calgary Regional Health Laboratory Facility	9,000	-	-	-	-
Year 2000 Compliance	-	33,000	33,000	-	-
One-time Financial Assistance	-	-	215,676	-	-
Healthy Aging Partnership Initiative	-	-	10,000	-	-
Health Care Insurance Premiums Revenue Write-Offs	28,578	23,466	28,766	23,966	24,466
Valuation Adjustments	592	-	-	-	-
MINISTRY EXPENSE	4,808,245	5,169,048	5,487,637	5,429,182	5,750,218
Gain (Loss) on Disposal of Capital Assets	(49)	-	-	-	-
Write Down of Capital Assets	8	(900)	(919)	-	-
MINISTRY NET OPERATING RESULT	(3,537,524)	(3,607,698)	(4,013,782)	(3,853,120)	(4,100,905)

CONSOLIDATED NET OPERATING RESULT (thousands of dollars)	Comparable 1998-99 Actual	Restated 1999-2000 Budget	1999-2000 Forecast	Restated 2000-01 Target	Restated 2001-02 Target
Ministry Revenue	1,270,762	1,562,250	1,474,774	1,576,062	1,649,313
Inter-ministry consolidation adjustments	(20,414)	(57,570)	(59,032)	(64,323)	(69,707)
Consolidated Revenue	1,250,348	1,504,680	1,415,742	1,511,739	1,579,606
Ministry Program Expense	4,808,245	5,169,048	5,487,637	5,429,182	5,750,218
Inter-ministry consolidation adjustments	(200)	(200)	(1,662)	(200)	(200)
Consolidated Program Expense	**4,808,045**	**5,168,848**	**5,485,975**	**5,428,982**	**5,750,018**
Gain (Loss) on Disposal of Capital Assets	(49)	-	-	-	-
Write Down of Capital Assets	8	(900)	(919)	-	-
CONSOLIDATED NET OPERATING RESULT	(3,557,738)	(3,665,068)	(4,071,152)	(3,917,243)	(4,170,412)

Ministry of Health and Wellness Business Plan Response to Growth Summit Recommendations

Priority I: People Development

This priority highlights the importance of education, training and development opportunities for Albertans as well as the need to emphasize children and youth and to build healthy, self-reliant, inclusive communities. Twenty-three resolutions representing ten issue areas are addressed through five strategies in the Ministry of Health and Wellness Business Plan. Key strategies include:

1.1.9 Implement the new *Health Professions Act* and develop the Restricted Activities Regulations

1.2.1 Participate in the implementation of the *Alberta Children's Initiative* through inter-sectoral actions including mental health services for children, Fetal Alcohol Syndrome/Fetal Alcohol Effect, special health needs in schools, prevention of child prostitution, other projects which support healthy birth outcomes and optimal early child development as well as healthy child and youth development

Priority II: Health and Quality of Life

This priority area identifies the need for the health system to provide access to care and the importance of focusing on the broader determinants of health including the environment, poverty and health enhancing behaviors. Seventeen resolutions related to the issues of *Infrastructure, Access, Respect for the Public Service, and Diverse Health Care Must be Accessible, Universal and Publicly Funded* are addressed through more than 20 strategies in the Ministry of Health and Wellness Business Plan. Key strategies include:

1.2.4 Enhance, implement, evaluate and disseminate the results of health promotion and disease and injury prevention projects

2.2.1 Develop and implement health workforce planning for Alberta, which supports the goals of *People and Prosperity*, in consultation with health authorities and others

3.1.1 Enhance access to front-line services by increasing staff levels

3.1.5 Enhance mental health services, including community-based mental health services, in consultation with health authorities, health providers, government departments and others

3.1.6 Enhance services for lodge residents in collaboration with health authorities, Community Development, and lodge providers

3.2.1 Work with health authorities and others to enhance Albertans' access to information on their health, effective health enhancing measures and health services

Priority III: Vision for the Province

This priority area identifies the need to address the fundamental question of "What kind of province do Albertans want to live in?" Three resolutions related to the issue of *Human Development* are addressed through the following two strategies:

1.1.1 Develop and implement a strategy to improve health system planning in consultation with health authorities and others

1.1.5 Review long-term care services including home care, long-term care facility services and new models of care

Priority IV: Infrastructure

This priority area speaks to the importance of physical, technological and human foundation critical to sustain and support future growth in Alberta. Eight resolutions related to issues including *Access, Partnerships Across all levels of Government and the Civil Society to Build Healthy, Self-reliant, Inclusive Communities, and Diverse Health Care Must be Accessible, Universal and Publicly Funded and Emphasize Wellness* are addressed through more than ten strategies. Key strategies include:

3.1.1 Enhance access to front-line services by increasing staff levels
3.1.3 Enhance initiatives to attract and keep physicians in rural Alberta in collaboration with health authorities and health providers
4.1.2 Phase in implementation of **alberta wellnet**, a province-wide information network linking health providers, hospitals, pharmacies, clinics and other health organizations and the Ministry of Health and Wellness

Priority V: Regulatory and Tax Issues

This priority area emphasizes the need to be competitive and attract new investment and business opportunities by maintaining a low tax advantage and reducing and simplifying administratively burdensome regulations. Three resolutions, related to the creation of a more favourable regulatory climate, marketing of the agri-industry, and a focus on children and youth, are addressed through four strategies. A key strategy is:

1.2.3 Collaborate with other government departments and stakeholders on strategies supporting the principles of sustainable resource and environmental management

Priority VI: Role and Function of Government

This priority area stresses the need for government to provide a visionary, clear and long-term policy framework that accommodates sustainable growth, improves accountability and promotes positive results. Resolutions related to the issues of leadership and governance, access, and renewal of the public service are addressed through ten strategies. Key strategies include:

1.1.6 Evaluate policies pertaining to premiums and fees for health services
1.1.12 Develop an accountability framework which clearly defines the roles and responsibilities of AADL vendors and suppliers
2.1.2 Further develop the province-wide services funding system for highly specialized and complex services, including improved activity monitoring and accountability
2.1.3 Refine the population-based funding formula for health authorities

Priority VII: Partnerships

This priority area stresses the need for development of more effective partnerships with stakeholder groups. A key strategy is:

1.1.1 Develop and implement a strategy to improve health system planning in consultation with health authorities and others

Priority VIII: Framework for Policy Development and Management

This priority area emphasizes the need to create a forum for providers and the public to provide input into policy decisions, improved coordination between service areas, and the need to make better use of technology to gain quick and extensive public feedback on government programs and initiatives. Key strategies include:

1.1.1 Develop and implement a strategy to improve health system planning in consultation with health authorities and others

1.2.2 Address aboriginal health issues in co-operation with the federal government, other ministries, health authorities and aboriginal communities and contribute to the identification of government's key principles for aboriginal policy

3.2.1 Work with health authorities and others to enhance Albertans' access to information on their health, effective health enhancing measures and health services

3.3.3 Pilot test and evaluate primary health care models in collaboration with health authorities and other health providers